

Appendix A

State Forms & Documentation

Sample Forms

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Where applicable, instructions can be found following each form.

| | | | | |
|--|--------|-----------------------|--|--|
| DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY REQUEST FOR PUBLIC ASSISTANCE | | | O.M.B. NO. 1660-0017 Expires April 30, 2013 | |
| PAPERWORK BURDEN DISCLOSURE NOTICE | | | | |
| Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. NOTE: Do not send your completed questionnaire to this address. | | | | |
| APPLICANT (Political subdivision or eligible applicant) | | | DATE SUBMITTED | |
| COUNTY (Location of Damages. If located in multiple counties, please indicate) | | | DUNS NUMBER | |
| APPLICANT PHYSICAL LOCATION | | | | |
| STREET ADDRESS | | | | |
| CITY | COUNTY | STATE | ZIP CODE | |
| MAILING ADDRESS (If different from Physical Location) | | | | |
| STREET ADDRESS | | | | |
| POST OFFICE BOX | CITY | STATE | ZIP CODE | |
| Primary Contact/Applicant's Authorized Agent | | | | |
| NAME | | NAME | | |
| TITLE | | TITLE | | |
| BUSINESS PHONE | | BUSINESS PHONE | | |
| FAX NUMBER | | FAX NUMBER | | |
| HOME PHONE (Optional) | | HOME PHONE (Optional) | | |
| CELL PHONE | | CELL PHONE | | |
| E-MAIL ADDRESS | | E-MAIL ADDRESS | | |
| PAGER & PIN NUMBER | | PAGER & PIN NUMBER | | |
| Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Private Non-Profit Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If yes, which of the facilities identified below best describe your organization? | | | | |
| <small>Title 44 CFR, part 208.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."</small> | | | | |
| <small>Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.</small> | | | | |
| OFFICIAL USE ONLY: FEMA - DR- FIPS# DATE RECEIVED | | | | |

FEMA Form 90-49 AUG 10

REPLACES ALL PREVIOUS EDITIONS

| DISASTER ASSISTANCE APPLICATION | | DEM - 131 | | |
|---|---|------------------|---|---|
| Application Identifier: | State Number: _____ | | | |
| | Federal Disaster Number: _____ | | | |
| Federal Catalog Number: 97.036 | Title: Public Assistance Grants | | | |
| Declaration Date: | | | | |
| Applicant's FEMA Project Application Number: | | | | |
| Legal Applicant Recipient: Applicant's Name: _____ Street Address: _____ Mailing Address: _____ County: _____ City: _____ State: _____ Zip Code: _____ | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Applicant Agent: Name: _____ Title: _____ Signature: _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Contact Information: Phone: _____ Fax: _____ E-mail: _____ Date: _____ </td> </tr> </table> | | | Applicant Agent: Name: _____ Title: _____ Signature: _____ | Contact Information: Phone: _____ Fax: _____ E-mail: _____ Date: _____ |
| Applicant Agent: Name: _____ Title: _____ Signature: _____ | Contact Information: Phone: _____ Fax: _____ E-mail: _____ Date: _____ | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Alternate Applicant Agent: Name: _____ Title: _____ Signature: _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Phone: _____ Fax: _____ E-mail: _____ Date: _____ </td> </tr> </table> | | | Alternate Applicant Agent: Name: _____ Title: _____ Signature: _____ | Phone: _____ Fax: _____ E-mail: _____ Date: _____ |
| Alternate Applicant Agent: Name: _____ Title: _____ Signature: _____ | Phone: _____ Fax: _____ E-mail: _____ Date: _____ | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Type of Applicant: A - State B - County C - City D - School District E - Special Purpose District </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> F - Higher Educational Institution G - Indian Tribe H - Private Non Profit I - Other (Specify) _____ Enter Appropriate Letter _____ </td> </tr> </table> | | | Type of Applicant: A - State B - County C - City D - School District E - Special Purpose District | F - Higher Educational Institution G - Indian Tribe H - Private Non Profit I - Other (Specify) _____ Enter Appropriate Letter _____ |
| Type of Applicant: A - State B - County C - City D - School District E - Special Purpose District | F - Higher Educational Institution G - Indian Tribe H - Private Non Profit I - Other (Specify) _____ Enter Appropriate Letter _____ | | | |
| Congressional District Number: _____ | | | | |
| State Legislative District Number: _____ | | | | |
| Governor's Authorized Representative: Signature: _____ Date: _____ | | | | |

Sample Designation of Applicant's Agent Resolution

Be it resolved by (Governing Body) of (Public Agency) that (Name of New Agent), (Title), is hereby designated the authorized representative, that (Name of Alternate Applicant Agent), (Title), is designated the alternate, for and in behalf of (Public Agency), a public agency established under the laws of the State of Washington.

The purpose of this designation as the authorized representative is to obtain federal and/or state emergency or disaster assistance funds. These representatives are authorized on behalf of the (Public Agency) to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Passed and approved this _____ day of _____, 20____.

| | | | |
|----------------------|------------------|----------------------|------------------|
| _____ | _____ | _____ | _____ |
| (<u>Signature</u>) | (<u>Title</u>) | (<u>Signature</u>) | (<u>Title</u>) |
| _____ | _____ | _____ | _____ |
| (<u>Signature</u>) | (<u>Title</u>) | (<u>Signature</u>) | (<u>Title</u>) |
| _____ | _____ | _____ | _____ |
| (<u>Signature</u>) | (<u>Title</u>) | (<u>Signature</u>) | (<u>Title</u>) |

Certification

I, (Name), duly appointed (Title) of (Public Agency), do hereby certify that the above is a true and correct copy of a resolution passed and approved by the (Governing Body) of (Public Agency) on the _____ day of _____, 20____.

Date: _____

| | |
|---------------------|-------------|
| _____ | _____ |
| (Official Position) | (Signature) |

INSTRUCTIONS FOR COMPLETING DESIGNATION OF APPLICANT'S AGENT

Governing Body = council, commissioners, board of directors, etc.

Public Agency = name of the applicant entity, i.e., county, city, fire district, etc.

General Notes:

- * Must have signatures of voting members of the governing body; titles may be typed.
- * A majority of the governing body must sign the resolution.
- * The certification must be signed by the clerk of the governing body.
- * The signed resolution itself may be photocopied, but the **certification** needs to have the **original signature** of the signer.
- * A letter may be substituted for the Designation of Applicant's Agent Resolution. The letter should be from the chief executive officer for the public agency, i.e., Mayor, City Manager. **One may not appoint oneself as the applicant agent.**

Date

Gerard Urbas
Public Assistance Program
Washington Military Department
Emergency Management Division
MS: TA-20 Building 20-B
Camp Murray, WA 98430-5122

Re: Designated Applicant Agent

Dear Mr. Urbas:

The purpose of this letter is to designate the Applicant Agent and Alternate authorized representatives for:

Event:

Applicant

Applicant Agent:

Alternate Applicant Agent:

The purpose of this designation as the authorized representatives is to obtain federal and/or state emergency or major disaster assistance funds.

These representatives are authorized to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Sincerely,

Name

State Agency Department Director or Elected Official (Mayor, Chairman of the Commissioners)

SIGNATURE AUTHORIZATION FORM

WASHINGTON STATE MILITARY DEPARTMENT

Camp Murray, Washington 98430-5122

Please read instructions on reverse side before completing this form.

| | |
|--|-----------------|
| NAME OF ORGANIZATION | DATE SUBMITTED |
| PROJECT DESCRIPTION Public Assistance Program, Disaster # | CONTRACT NUMBER |

1. AUTHORIZING AUTHORITY

| SIGNATURE | PRINT OR TYPE NAME | TITLE/TERM OF OFFICE |
|-----------|--------------------|----------------------|
| | | |
| | | |
| | | |

2. OTHER INDIVIDUALS AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS

| SIGNATURE | PRINT OR TYPE NAME | TITLE |
|-----------|--------------------|-------|
| | | |
| | | |
| | | |

INSTRUCTIONS FOR SIGNATURE AUTHORIZATION FORM

This form identifies the persons who have the authority to sign contracts, amendments, and requests for reimbursement. It is required for the management of your contract with the Military Department (MD). Please complete all sections. One copy with original signatures is to be sent to MD with the signed contract, and the other should be kept with your copy of the contract.

When a request for reimbursement is received, the signature is checked to verify that it matches the signature on file. **The payment can be delayed if the request is presented without the proper signature.** It is important that the signatures in MD's files are current. Changes in staffing or responsibilities will require a new signature authorization form.

1. **Authorizing Authority.** Generally, the person(s) signing in this box heads the governing body of the organization, such as the board chair or mayor. In some cases, the chief executive officer may have been delegated this authority.
2. **Authorized to Sign Contracts/Contract Amendments.** The person(s) with this authority should sign in this space. Usually, it is the county commissioner, mayor, executive director, city clerk, etc.

If you have any questions regarding this form or to request new forms, please call your Public Assistance Coordinator.

Washington Military Department Contract Number: _____

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

| | | | |
|---|---|--------------------------------------|--|
| NAME | | Doing business as (DBA) | |
| ADDRESS | Applicable Procurement or Solicitation #, if any: | WA Uniform Business Identifier (UBI) | Federal Employer Tax Identification #: |
| WA | | | |
| This certification is submitted as part of a request to contract. | | | |

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____

Date: _____

Print Name and Title: _____

| | | |
|---|---|---|
| Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service | Request for Taxpayer Identification Number and Certification | Give form to the requester. Do not send to the IRS. |
| Print or type See Specific Instructions on page 2 | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____ | |
| | <input type="checkbox"/> Exempt from backup withholding | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | WA | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

or

Employer identification number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



**STATE OF WASHINGTON
STATEWIDE VENDOR REGISTRATION &
DIRECT DEPOSIT AUTHORIZATION
(FORM W9 ALSO REQUIRED)**

☒ A Direct Deposit Account has already been established for our organization.

Please complete Vendor Name and Vendor No., (SWV No. in lower right corner)

| | | | |
|--|-------|---------|---|
| Vendor Name | | | Contact Person |
| Payment / Direct Deposit Notification Address | | | Title |
| City | State | Zip + 4 | Telephone Number |
| E-mail Address to Send Direct Deposit Notification | | | Fax Number |
| Governmental Agency | | | Headquarters Office Dun & Bradstreet DUNS # |
| Primary Type of Goods or Services | | | |

Direct Deposit Information

| |
|--|
| Financial Institution Name & Phone Number |
| Routing Number |
| Account Number |
| <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings (Checking will be used if neither box is marked.) |

EXAMPLE

J. M. Wired
1234 Anywhere Avenue
Anyville, Anystate 56789

PAY TO THE ORDER OF

AnyBank USA
Anywhere, USA

MEMO

1:044008804 1: 960130629

routing number account number
is nine digits can vary in length

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for vendor payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal.

This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

| | |
|------------------------------------|-------|
| Authorization Name on Account | Title |
| Authorization Signature on Account | Date |

Revised 10/30/03
See Page 2 for PRIVACY NOTICE

SWV

Return this completed form to:
Emergency Management Division
Public Assistance Program
Building 20-B
Camp Murray, WA 98430-5122

**WASHINGTON STATE
EMERGENCY MANAGEMENT DIVISION
PUBLIC ASSISTANCE PROGRAM
INSURANCE COMMITMENT**

Applicant

Name _____ Type of Major Disaster _____
 Address _____ State No. _____
 City _____ Disaster No. _____
 State Washington County _____ Project Worksheet _____
 Telephone No. _____ Zip _____

Location of Property: _____

Description of Damage: _____

Eligible Project Worksheet Amount \$ _____
 Life of Restorative Work 25 Years

Insurance Requirement:

Type: **GENERAL – Peril of**

Extent: - Buildings \$ _____
 - Contents \$ _____

Applicant's Commitment: *Check one box and complete current insurance information*

The applicant hereby assures the Governor's Authorized Representative and the FEMA Regional Director that it:

☐ **has obtained and will maintain** the required insurance for 25 years as a condition for obtaining federal disaster assistance under PL 93-288.

Current Insurance Information: complete all lines

Amount of Insurance in Effect _____
 Deductible (\$ or %) _____
 Policy Number _____
 Effective Date of Current Policy From _____ To _____
 Company _____
 Address _____

☐ **will obtain and will maintain** the required insurance for 25 years as a condition for obtaining federal disaster assistance under PL 93-288.

Applicant's Authorized Representative

Signature _____
 Title _____ Date _____

State Review

Date: _____

FORM
A19-1A
(Rev. 12/96)STATE OF WASHINGTON
**INVOICE
VOUCHER**

AGENCY NAME

Military Department
Public Assistance Unit, Bldg. 20-B
Camp Murray TA-20
Camp Murray, Washington 98430-5122

VENDOR OR CLAIMANT (Warrant is to be payable to)

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|------------|---------------|-------------------|
| | | |

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____
(SIGN IN INK)_____
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)

RECEIVED BY

DATE
RECEIVED**DISASTER ASSISTANCE PAYMENT REQUEST**

Payment requested for disaster assistance to help in the repair or restoration of damaged public facilities.

Contract No. _____

Disaster No: _____

Type of Request:

☐ Small Project Payment**Package #:**☐ Large Project Payment**PW #:**☐ Indirect Administrative Allowance☐ Final Payment

Project Costs:

Proj/Sub _____ \$ _____ (F)

Proj/Sub _____ \$ _____ (S)

Administrative Costs:

Proj/Sub _____ \$ _____ (F)

PREPARED BY

TELEPHONE NUMBER

DATE

AGENCY APPROVAL

DATE

DOC DATE

PMT. DUE
DATE

CURRENT DOC. NO.

REF. DOC.
NO.

VENDOR NO.

VENDOR MESSAGE

USE
TAX

UBI N UMBER

| REF DOC SUF | TRANS CODE | M O D | MASTER INDEX | | | SUB OBJ | SUB OBJ | ORG INDEX | WORK CLASS | COUNTY | CITY/TOWN | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NO. |
|---------------------------------|---------------|-------------|--------------|---------------|------------------|------------|------------|--------------|---------------|--------|-----------|---------|------------------|--------------|-------------------|-------------|
| | | | FUND | APPN INDEX | PROGRAM INDEX | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | | | | | DATE | | WARRANT TOTAL | | WARRANT NUMBER | |

Instructions for the Completion of A-19-1A Invoice Voucher

Please use the Invoice Vouchers preprinted with the Disaster Assistance Payment Request Information.

1. Fill in the name and mailing address of your agency in the vendor or claimant box.
2. The designated applicant agent for your agency or jurisdiction is required to sign the invoice voucher under the Vendor's Certificate.
3. Contract No. – See your copy of the interagency agreement. The contract number is in the upper right hand corner.
4. Disaster No. – Insert the appropriate number, depending upon the disaster under which you are requesting reimbursement. (i.e. No. 4083 – July 20 Severe Storm)
5. Type of Request – Mark payment choice based upon type of Project Worksheet you are requesting payment on. Final payment is not marked until the indirect administrative allowance is paid at the time the disaster assistance application is closed.
6. Date – Insert date the invoice voucher is being completed.
7. Program Index – Leave Blank.
8. Project Costs – Leave the lines to the left of the dollar sign (\$) blank. To the right of the \$, on the line ending with an (F), insert the total amount of federal share funds being requested for payment. If your agency is requesting payment on more than one Damage Survey Report, then the total amount of federal funds for all of the reports for which payment is requested would be inserted. Similarly, the amount of state funds for all Damage Survey Reports for which payment is requested, would be inserted to the right of the \$ on the line ending (S).

F = federal funds S = state funds
9. Administrative Costs – Leave blank.

You have now completed the form. Mail the completed invoice voucher with the required accompanying document to:

Public Assistance Program
Washington Military Department
MS: TA-20 Building 20-B
Camp Murray, WA 98430-5122

A copy of the invoice voucher will be emailed to you when the payment is forwarded to the Finance Office for payment. Typically payments are processed and in the mail within thirty working days after receipt.

May 25, 2007

Mr. Gerard Urbas
Washington Military Department
Emergency Management Division
MS: TA-20 Building 20-B
Camp Murray, Washington 98430-5122

RE: State No. D13-???
Disaster No. 4083-DR-WA
FEMA No. 033-U3SLQ-00

Dear Mr. Urbas:

Please accept this letter in request for payment on the Applicant's Project Worksheet #336. The Applicant is requesting a payment based on actual expenditures incurred in the amount of \$??????? as the work outlined in the project worksheet is ??% complete. Enclosed is a summary of the costs for work complete to date.

Sincerely,

Thomas Gorgonzola
Applicant Agent
City of Evergreen

Appendix A-18

Applicant Manual

WASHINGTON STATE EMERGENCY MANAGEMENT SMALL PROJECT COMPLETION CERTIFICATION

APPLICANT:**STATE NO.:****DISASTER NO.:****FEMA NO.:**

I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed and all costs claimed have been paid in full for the following project(s):

| PW Number | Date of Total Completion (month,day,year) | Total Amount Claimed* (total eligible amount of PW) |
|------------------|--|--|
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Indirect Administrative Costs Certification

For the 4083-DR-WA disaster, the Washington State Public Assistance Program will pass through \$250.00 in Indirect Administrative funds (federal funds). I certify that my jurisdiction expended at least \$250.00 in indirect administrative funds to attend the Public Assistance Applicant Briefing, Kick-Off Meeting, and Exit Briefing for the purpose of meeting with FEMA and/or State officials on the Public Assistance Program and its application to our entity. In addition, time was spent establishing files, making copies, and tracking documentation for the Public Assistance grant.

Documentation has been maintained that will verify the expenditures covered under the indirect administrative allowance.

CERTIFIED BY:**TITLE:****DATE:**

STATE OF WASHINGTON
MILITARY DEPARTMENT - EMERGENCY MANAGEMENT DIVISION
STATEMENT OF DOCUMENTATION AND FINAL INSPECTION REPORT (SOD/FIR)

| | | | |
|---------------|----------------------------|------------------|--------------------------|
| (1) Applicant | (2) Disaster No. -DR-WA | (3) FEMA ID No.: | (4) State Agreement No.: |
| | (5) Project Worksheet No: | | (6) Category |

(7) Alternate Project ☐ Improved Project ☐

(8) **CERTIFICATION**

I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed as identified in the approved scope of work, and all costs claimed have been paid in full. I also assure and certify that all work performed by our own forces, consultants or by other contracting procedures, complies with all applicable state and federal laws and regulations, including but not limited to the provisions of 44 CFR, Emergency Management and Assistance; Public Law 93-288, The Robert T. Stafford Disaster Relief and Emergency Assistance Act; and the Washington State Public Assistance Applicant Manual, as they apply to performing the repair required for this PW.

Date Work Physically Completed: _____

Signature of Applicant Agent: _____ Date: _____

Phone No.: _____

| (9) Description of work | (10) Approved PW amount | (11) Claimed costs | (12) Eligible cost incurred For EMD Use Only |
|------------------------------|-------------------------|--------------------|--|
| Labor: | | | |
| Equipment: | | | |
| Materials: | | | |
| Rented Equipment: | | | |
| Contract: | | | |
| Engineering Services: | | | |
| Direct Administrative Costs: | | | |
| Other: | | | |
| Total | \$ | \$ | \$ |

Applicant Comments:

CERTIFICATION

The financial records for the above referenced PW have been inspected and certification is hereby made that the work has been completed according to the approved PW scope of the work.

| | |
|---|------|
| State Inspector (signature and Title) | Date |
| Applicant Agent Concurrence with Deviations (signature) | Date |

Documentation Checklist

Set up a separate charge code or tracking number for each project. All costs to be claimed for the project should be charged to this number. Set up a project file for each project. The file should include all cost records, computations, measurements, notes, pictures, plans, special considerations, and any other documentation that supports the amount being claimed and clearly identifies and supports the damages.

Damages

- ☐ Records that demonstrate the presence of an immediate threat
- ☐ Drawings, sketches, and plans of pre-disaster facility design (to scale)
- ☐ Drawings and sketches of disaster-related damages (to scale)
- ☐ Drawings and sketches of completed or proposed repair (to scale, if available)
- ☐ Calculation sheets detailing specific dimensions and quantities of damage
- ☐ Photographs of site, overall facility, specific damages and repairs
- ☐ Site location maps
- ☐ Facility maintenance records, such as roads, debris basins, revetments
- ☐ Facility inspection/safety reports, such as bridges and dams
- ☐ Engineering/technical reports and specifications for repair
- ☐ Insurance policies, proof of loss statements, deductible information
- ☐ Documents supporting compliance with environmental and historic preservation requirements
- ☐ Copy of permits applied for/obtained
- ☐ Mutual Aid Agreements and records of requests and receipt

Donated Resources

- ☐ Documentation of labor, such as names, date and hours worked, activities worked on and location, value of labor (hourly rate, including fringe benefits)
- ☐ Materials— quantities and type of materials, project where materials were used
- ☐ Equipment – make, model, and year of equipment, whether labor was included, hours and date used, location of equipment use

Force Account Labor (your staff)

- ☐ Summary Sheet identifying labor hours worked, labor rates, fringe benefits for each staff person working on project
- ☐ Signed timesheets for all pay periods for each person charging time to project
- ☐ Administrative policies and/or union labor agreements
- ☐ Completed work: actual fringe benefits charged to the project
- ☐ Temporary hire labor records: identify work that additional labor was needed, payroll information, timesheets
- ☐ Estimated work: Basis for fringe benefit calculations (breakdown by percentage of components of fringe benefits)

Equipment*Force Account Equipment (your equipment)*

- ☐ Summary sheet of all equipment costs
 - Equipment description, including make, model, year, size
 - Operator's name and amount of time charged for that piece of equipment
 - Equipment time to be tracked either by mileage or by actual hours in active use
 - Equipment rate is local equipment rate or FEMA's rates; whichever is lower and approved by FEMA for use

Rented/Purchased Equipment

- ☐ Copy of all invoices, dates equipment was used on the project
- ☐ Proof of payment

Materials*In Stock*

- ☐ Tracking system of how material was dispersed; quantity used
- ☐ Basis for unit cost (cannot include overhead & profit costs)
- ☐ Copy of invoice(s) to support unit costs

Purchased for Disaster Related Actions

- ☐ Copy of billing invoice
- ☐ Proof of payment
- ☐ Quantity of material used on project
 - load tickets

Contracts

- ☐ Rental and lease agreements

Emergency Work

- ☐ Copy of Resolution waiving competitive bid processes
- ☐ Copy of contacts made to obtain informal bids, with date, time, who spoke with, and response
- ☐ Copy of contract
 - must include "not to exceed" provision
 - time and materials contracts, limited to first 70 hours
 - invoices and proof of payment
- ☐ Copy of documenting contacts for emergency permits / environmental approvals
 - Emergency HPA
 - Corps permits

Non Emergency Actions

- ☐ Plans, Specifications and Engineers' Estimate (if applicable)
- ☐ Request for Bid documents

- ☐ Bid tabulations
- ☐ Contract
- ☐ Change Orders
- ☐ Contractor Invoices
- ☐ Proof of payment
- ☐ Summary sheet of final quantities and costs
- ☐ Copy of any studies done to support contracted work
 - geotechnical report
 - hydraulic study
- ☐ Permits
- ☐ Environmental documents and clearances
- ☐ Documentation of permits not required, i.e. Corps permits

Consultants

- ☐ Contract
 - w/scope of work,
 - do not exceed provision
 - tasks and addendums
- ☐ Selection process
- ☐ Itemized billing
- ☐ Proof of payment

All documentation must be maintained for at least six years following the closure of the disaster grant.